

Urban Streams Restoration (USR) Grant Program

Application Form (page 1 of 2)

Project Name		Estimated Date of Completion: _____	
		Grant Amount Requested: \$ _____	
		Estimated Total Project Cost: \$ _____ (State Grant and other funds and In-Kind donations)	
Brief description of project (Summarize major activities to be funded by this USR Grant)		Latitude	Longitude
		Coordinates Represent: _____	
		Coordinates Determined Using: _____	
Name of River, Stream or Creek: _____			
List all Counties the Stream runs through: _____			
USR program requirements	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> Restoration <input type="checkbox"/> Flood Management or Erosion <input type="checkbox"/> Community Involvement <input type="checkbox"/> Urban Streams Definition Met? <input type="checkbox"/> </div> </div>	Public Access <input type="checkbox"/> Project Type: _____ Miles of Trails to be Created: _____ Acres of Habitat to be Restored: _____ Number of Acres to be Acquired _____	
APPLICANT/SPONSOR (with mailing address) Check one: Non-Profit <input type="checkbox"/> Local Public Agency <input type="checkbox"/> Community/Citizens' Group <input type="checkbox"/>		County	
		Nearest City/Town	
		Project Address (or nearest cross streets)	
		Senate Dist.	Assembly Dist.
Applicant's Representative Authorized in Resolution (Signature required on page two of this form)			
Name: _____		Title: _____	
Phone: _____		Email Address: _____	
Project Manager - Person with day to day responsibility for project (if different from authorized representative)			
Name: _____		Title: _____	
Phone: _____		Email Address: _____	

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Application Form (page 2 of 2)

Project Name: _____		
CO-SPONSOR (with mailing address) Check one: Non-Profit <input type="checkbox"/> Local Public Agency <input type="checkbox"/> Community/Citizens' Group <input type="checkbox"/>	FISCAL AGENT (with mailing address) Check one: Non-Profit <input type="checkbox"/> Local Public Agency <input type="checkbox"/>	
Co-Sponsor's Representative Authorized in Resolution Name: _____ Title: _____ Phone: _____ Project Manager Name _____ Title: _____ Email address: _____ Phone: _____	Fiscal Agent's Representative Name: _____ Title: _____ Phone: _____ Project Manager Name _____ Title: _____ Email address: _____ Phone: _____	
I certify that the information contained in this project application, including required attachments, is complete and accurate.		
Signed: _____		Date: _____
Applicant's Authorized Representative as shown in Resolution		
Print Name: _____	Print Title: _____	Designee? Y N If yes, attach letter of designation
I certify that the information contained in this project application, including required attachments, is complete and accurate.		
Signed: _____		Date: _____
Co-Sponsor's Authorized Representative as shown in Resolution		
Print Name: _____	Print Title: _____	Designee? Y N If yes, attach letter of designation
I certify that my agency will serve as Fiscal Representative for the Applicant/Sponsor. (No other certification implied.)		
Signed: _____		Date: _____
Fiscal Agent's Representative		
Print Name: _____	Print Title: _____	